



Application for a Water Right Permit

RECEIVED
(Date Stamp)

JUN 11 2012

DEPT OF ECOLOGY
NWRO - WR

Follow the attached instructions. Attach additional sheets as necessary.

- ☒ GROUND WATER ☐ SURFACE WATER
☐ PERMANENT ☒ SHORT TERM ☐ TEMPORARY
☐ DROUGHT

***A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.**

Section 1. APPLICANT

☒ I have participated in a pre-application conference with Ecology. (Dawn Presler, PUD and Doug Wood, Ecology – phone conference 5/16/2012)

Applicant/Business Name: Public Utility District #1 of Snohomish County Attn: Scott D. Spahr	Phone No: 425-783-1746	Other No:
Address: PO Box 1107		
City: Everett	State: WA	Zip: 98206-1107
Email Address (if available): SDSpahr@snopud.com		

Contact Name (if different from above): Dawn Presler	Phone No: 425-783-1709	Other No:
Relationship to Applicant: Sr. Environmental Coordinator at Public Utility District #1 of Snohomish County		
Address: PO Box 1107		
City: Everett	State: WA	Zip: 98206-1107
Email Address (if available): DJPresler@snopud.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Garland Mineral Springs, LLC; Attn. Cameron Sharpe	Phone No: 480-540-3370	Other No:
Address: 10463 N 101 PL		
City: Scottsdale	State: AZ	Zip: 85258
Email Address (if available):		

For Ecology Use	APPLICATION NO: 61-28731	SEPA: Exempt/Not Exempt		
	Fee Paid: 505	Check No: 261546	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date: 6/11/12	By: OJA	WRIA: 7

Pre-application interviewer:

Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO
If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Briefly describe the purpose of your proposed project: The District conducted geothermal exploration in or near its service territory. The District drilled a 5,000-foot geothermal slimhole to assess subsurface conditions in the Garland Mineral Springs project area. The slimhole will not be developed as a geothermal resource and must be decommissioned in accordance with state regulations. To facilitate the decommissioning of the slimhole, the District seeks a short-term water right to provide water for flushing the contents of the hole before cementing.

Anticipated length of time to complete your project: 120 days

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
Well abandonment process water	50 avg, (up to 300 instantaneous)		Continuous
TOTAL:	300 GPM		

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☒ YES ☐ NO

Is this request for a temporary permit? ☒ YES ☐ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: 07/01/2012 TO: 11/01/2012 (anticipated 30-day duration, but contingency could extend)

Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: <u>8-inch and 150 feet deep</u>
Tributary to: _____	Number of proposed points of withdrawal: <u>1</u>
Number of proposed diversion points: _____	Do you have an existing well? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test. Well Tag ID No. <u>Not available</u>

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
1002000002400	SE	NW	25	28N	11E	Snohomish
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: 1000 Feet (<input type="checkbox"/> North/ <input checked="" type="checkbox"/> South) and 1500 feet (<input checked="" type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input checked="" type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section 25.						
Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: ____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and ____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section ____						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Attached, same parcel as point of withdrawal						
¼	¼	Section	Twp.	Range	County	Parcel No.

Do you own all the lands on which the proposed place of use is located? ☐ YES ☒ NO.

If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO

Provide owner name(s), address, and phone number: See Section 1 above

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): _____

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = _____ ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☐ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: Water will be removed from the slimhole using a downhole pump and piped to the site of the geothermal slimhole. It will be stored in a baker tank for use in flushing the slim hole before cementing operations.

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: Temporary onsite storage via the use of portable "Baker" tanks may be used to buffer the aquifer from large instantaneous demands.

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Everett, take Highway 2 to Skykomish. Approximately ½ mile past Skykomish, turn left onto FR 65, Beckler River Road. Drive Beckler River Road approximately 11 miles, over Jack Pass, until it meets Index-Galena Road. Drive Index-Galena Road approximately one mile to reach a Snohomish County gate across the road. The county-owned access road to Garland Mineral Springs is on the left, just past the county gate. Drive the access road approximately ¼ mile to reach the Garland Minerals Springs property. The drill site and slimhole will be approximately ¼ mile down the access road.

Site Address: N/A

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Scott D. Spahr
 Print Name
 (Applicant or authorized representative)

[Signature]
 Signature

5/17/2012
 Date

Garland Mineral Springs LLC
 Print Name
 (Legal Owner or Part Owner Place of Use)

[Signature]
 Signature
MANAGER

5/19/2012
 Date

 Print Name
 (Legal Owner or Part Owner Place of Use)

 Signature

 Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.
 Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

